

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G76808

FILED
Mar 30, 2005
Secretary of State

Entity Name: LUIS MARTINEZ CIGAR COMPANY

Current Principal Place of Business:

2701 16TH STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2030
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-2415830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, STANFORD J.
2701-16TH STREET
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: NEWMAN, STANFORD J.,
Address: 3435 BAYSHORE, #800 NORTH
City-St-Zip: TAMPA, FL

Title: VD () Delete
Name: NEWMAN, ROBERT C.,
Address: 3102 BEACH DRIVE
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: NEWMAN, ERIC M.,
Address: 401 ROYAL POINCIANA DR.
City-St-Zip: TAMPA, FL

Title: TS () Delete
Name: COXBILL, SHIRA D
Address: 4829 W FLAMINGO ROAD
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRA D COXBILL

TS

03/30/2005

Electronic Signature of Signing Officer or Director

_____ Date